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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Elvis De La Cruz Printed name of person mailing correspondence

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	Attorney Docket Number 50026/016002	
Applicant	Fuyuki Ishikawa and Mamoru Hasegawa	
7,111	A STIFICIAL CUIDOMOCOME	
Title	ARTIFICIAL CHROMOSOME	·
1		

PRIORITY INFORMATION:

This application is a divisional of U.S. application number 09/254,947, filed March 13, 2000, which is the U.S. national stage of international application number PCT/JP97/03305, filed September 18, 1997, which, in turn, claims the benefit of Japanese application number 8/246749, filed September 18, 1996.

SMALL ENTITY STATUS:

☐ Applicant claims small entity status under 37 C.F.R. § 1.27.

Preliminary Amendment

Form PTO 1449 Cited References

English Translation

Information Disclosure Statement

Recordation Form Cover Sheet and Assignment

APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	14 pages
Claims	1 page
Abstract	1 page
Drawings	
Combined Declaration and Power of Attorney, which is:	
□ Unsigned;	
□ Newly signed for this application;	
☑ A copy from prior application 09/254,947 filed March 13, 2000, and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	
Sequence Statement	
Sequence Listing on Paper	
Sequence Listing on Diskette	
	1

3.pages 4 pages

2 pages

Certified Copy of Priority Document	
Non-publication Request under 35 U.S.C. § 122(b).	
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	
A Small Entity Statement	
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$770	\$770.00
Excess Claims Fee: 6 - 20 x \$18	
Excess Independent Claims Fee: 3 - 3 x \$86	
Multiple Dependent Claims Fee: \$290/\$145	
Total Fees:	\$770.00
⊠ Enclosed is a check for \$770.00 to cover the total fees	
□ Charge [**AMOUNT**] to Deposit Account No. 03-209	5 to cover the total fees.
☐ The filing fee is not being paid at this time.	
	sit Account No. 03-2095.
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Signature	17 February 2004 Date